

To: All AHCCCS Health Plans

Date: 08/28/2012

Re: Health Plan Approved Amount reporting under 837 v5010 Encounters

Please note: This notice supersedes the notice dated 05/08/12 with the same subject line.

With v5010, the 2320 COB Approved and 2320 COB Allowed Amount segments were removed from the 837 Transactions. The process with which to select the appropriate values for AHCCCS to calculate the Health plan Approved amount has been challenging. It was identified that the calculation would only work for some plans and not others.

As a result, AHCCCS has differentiated the reporting of Allowed and Net Allowed (Health Plan Approved) amount between BHS plans and non-BHS plans. Please refer to the attached documents as they apply to your line of business:

BHS Plans.Approved Amount Matrix v20120706.pdf

Non-BHS Plans.Approved Amount Matrix v20120706.pdf

Please refer to the updated version of the AZ 837 v5010 Encounter Transaction Notes **that is also posted on the website:**

AZ 837P ENC Crib Notes v20120822.xls

AZ 837I ENC Crib Notes v20120817.xls

AZ 837D ENC Crib notes v20120817.xls

The AZ 837 v5010 Encounter Companion Guide will be updated to reflect this new requirement. Please remember to utilize the Community Manager Portal to ensure that the 837 file is X12 compliant prior to submission to AHCCCS.

If you have any questions regarding this issue, please send an email to:

5010Testing@azahcccs.gov

Thank you!

Division of Health Care Management